

PTO/SB/80 (11-08)

Approved for use through 11/30/2011. OMB 0651-0035
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Practitioners associated with the Customer Number:

35775

OR



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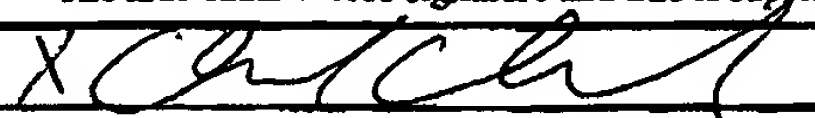
Assignee Name and Address:

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A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.

SIGNATURE of Assignee of Record

The individual whose signature and title is supplied below is authorized to act on behalf of the assignee

Signature		Date	X 2/9/09
Name	Odd N. Oddson, Jr.	Telephone	610-253-9554
Title	President		

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